Wisconsin Department of Regulation & Licensing Mail To: P.O. Box 8935 Madison, WI 53708-8935 Madison, WI 53708-8935 Madison, WI 53708-8935

FAX #: (608) 266-2264 Phone #: **(608) 266-2112**

E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

CITATION DOE CASE FILE # 09 BAC 045	FINAL DECISION AND ORDER LS# 09 11025 BAC
☐ Individual Credential Holder Name OR License #	SPA WAILS Establishment Name License # 71 - 3343
14335 W. CAPITOL OR, SHITE 200 Street	
Day of Week	7/23/2009 12:30 APPROX Date Time
On the above stated time, date and location, an investigation/ins	spection has disclosed the following violation.
NAIL DUST WAS FRUND WORKSTATION	TOPS AND IN ORDHOBRS WHERE CLEA
INPLEMENTS WELLE STORIED. ALL AM	BAS OF ESTABLISHMENT & IMPLIBMENT
METWERE FOUND NOT BEING KEDT IN C.	LEAN & SANITORY CONDITION AS
BEQUIRED,	
In violation of Section 13c 4,01 (1) of	☐ Wis. Stats. OR ☑ Wis. Adm. Code
Signature of Investigative Staff	WBST10ATOR 10/5/2009
	Title Date
Signature of Licensee OR	Establishment Owner Date
Pursuant to Wis. Stat. § 454.15(3), the licensing authority addition to other disciplinary action against your license.	y is authorized to impose a forfeiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER \$ 100. BY MAILING A CHECK OR MONEY ORDER OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASH PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT	R NO LATER THAN TWENTY (20) DAYS FROM THE DATE F THIS FORM TO: DEPARTMENT OF REGULATION AND HINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. T TO THE VIOLATION CITED ABOVE AND CONSENT TO
Please reference "NOTICE OF RIGHT TO	CONTEST" on backside of pink copy.
#2683 (8/08) Lennie M. #1-2-09	Bush PAID 12/15/09
#2683 (8/08) Ch. 454, Stats.	

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX#: Phone #: (608) 266-2264 (608) 266-2112

1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

CITATION DOE CASE FILE # 09 BAC 045	Final decision and Ls # 09 1025 B	ORDER		
	SPA NAILS			
☐ Individual Credential Holder Name OR License #	Establishment Name License # 7/-33 4 3			
14335 W. CAPITOL DR. SUITE 200	BARRELEIR	53005		
Street	BAOOKFIELO City 7/23/09 Date	Zip		
THURSOMY	7/23/09	12:30 APPROX		
Day of Week	Date	Time		
On the above stated time, date and location, an investigation/ins	spection has disclosed the following	g violation.		
POISONOUS SUBSTITULES FOUND STORE	30 IN A PUBLIC ARE	A (BATHROOM		
QUINDER SINK IN MAIN ROOM) AND WERE	NOT KIEPT IN A LOCK	ED CABWIET		
AS REQUIRED BY RULE.				
In violation of Section Bc 3,01 (6) of	☐ Wis. Stats. OR	wis. Adm. Code		
Signature of Investigative Staff	NVBSTIGHTON	10/5/2009		
Signature of Investigative Staff	Title	Date		
Signature of Licensee OR	Establishment Owner	Date		
Signature of A Licensee OR	Establishment Owner	Date		
Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.				
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.				
Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy. 12/15/0				
Jeanne The	Jun	copy. Print 12/15/0		
#2683 (8/04)				

Ch. 454, Stats.

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

FAX #: Phone #: (608) 266-2264 (608) 266-2112 1400 E. Washington Avenue

Madison, WI 53703

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

CITATION DOE CASE FILE #	FINAL DECISION AND LS # 09 1 0 2 5 SPA NAILS Establishment Name License # 71-3343			
Street THUBSOAY Day of Week	BROOKFIELD City 7/23/2009 Date	5 300 5 Zip 12:30 APPROS Time		
On the above stated time, date and location, an investigation/inspection has disclosed the following violation. DISINFECTANT USED FOR DECENTARYMATION WAS FRUND THAT IT WAS NOT				
BEING CHANGED ON A DAILY BASIS, SIZVERAL BIPPLOYES STATED THAT OTHER IT WAS CHANGED EVERY THO TO THATE DAYS.				
In violation of Section Bc 4, 10 (2) of Danslus 2 (Institute Signature of Investigative Staff	Wis. Stats. OR /NUSSTIG-ATON Title	Wis. Adm. Code 10/5/2009 Date		
Signature of Licensee OR	Establishment Owner	Date		

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

Legenie MBush 11-2-09

#2683 (8/08) Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing

paid 12/15/09

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Madison, WI 53703

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

	1.0	-	
CITATION DOE CASE FILE # 0 9 BAC 045	LS# 09 10)	FINAL DECISION AND ORDER LS# 09 10 25 BAC	
☐ Individual Credential Holder Name OR License #	SPA WAIL Establishment Name License # 71-33 4		
Street On, CAPITOL DR., SHITE 200	BROOKFIELD City	53005 Zip	
THURSDAY Day of Week	7/23/2009 Date	12:30 APPROX Time	
On the above stated time, date and location, an investigation	•		
WORKSTHTIONS, SEVERAL EMPL ON 2-3 CUSTOMERS BEFORE	oyles STATION TH	BY WEKE USED	
In violation of Section 13 C 4, 10 (4)		₩is. Adm. Code	
Doublas m. austin		10/5/2009	
Signature of Investigative Staff	Title	Date	
Signature of Licensee OR	Establishment Owner	Date	
Pursuant to Wis. Stat. § 454.15(3), the licensing author	ority is authorized to impose a 1	forfeiture in lieu of or in	

addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO-CONTEST" on backside of pink copy.

#2683 (8/08) Ch. 454, Stats.